

are assisting participants to achieve self-sufficiency and reduce welfare dependency, and provide ACF with

sufficient information to adequately respond to inquiries from Congress and other interested parties.

Respondents: State, Local or Tribal governments.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-108	54	21	2	1,296

Estimated Total Annual Burden Hours: 1,296.

Additional Information: Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade SW., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the Federal Register. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street NW., Washington, D.C. 20503, Attn: Ms. Wendy Taylor.

Dated: May 29, 1996.

Larry Guerrero,

Director, Office of Information Services.

[FR Doc. 96-13876 Filed 6-3-96; 8:45 am]

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Food and Drug Administration

[Docket No. 94C-0312]

ProMedica International; Withdrawal of Color Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the withdrawal, without prejudice to future filing, of a color additive petition (CAP 4C0244) proposing that the color additive regulations be amended to provide for the safe use of

[phthalocyaninato(2-)] copper as a color additive in nonabsorbable polyvinylidene fluoride sutures intended for use in general and ophthalmic surgery.

FOR FURTHER INFORMATION CONTACT: Mitchell A. Cheeseman, Center for Food Safety and Applied Nutrition (HFS-217), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202-418-3083.

SUPPLEMENTARY INFORMATION: In a notice published in the Federal Register of September 26, 1994 (59 FR 49074), FDA announced that a color additive petition (CAP 4C0244) had been filed by ProMedica International, 620 Newport Center Dr., suite 575, Newport Beach, CA 92660. The petition proposed to amend the color additive regulations in § 74.3045 [Phthalocyaninato (2-)] copper (21 CFR 74.3045) to provide for the safe use of [phthalocyaninato(2-)] copper as a color additive in nonabsorbable polyvinylidene fluoride sutures intended for use in general and ophthalmic surgery. ProMedica International has now withdrawn the petition without prejudice to a future filing (21 CFR 71.6(c)(2)).

Dated: May 16, 1996.

Alan M. Rulis,

Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 96-13981 Filed 6-3-96; 8:45 am]

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Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA)

publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Officer on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Evaluation of the Effectiveness and Impact of Community Health Centers—New—A mail survey will be conducted of fifty community health centers (CHCs) to collect information on characteristics of health centers (e.g., patients, services, staffing, financing and participation in managed care) during 1992. The survey is one component of an evaluation of community health centers that examines utilization and expenditures among Medicaid CHC users and non-users, using a sample of 50 health centers in 10 states. The survey will collect data that supplement information already available from health center annual reports, reviews and grant applications. Together with the secondary data, the survey results provide the basis for characterizing attributes of the CHC delivery system and examining whether features of the CHC delivery model assist in explaining observed differentials in use and expenditures among CHC users. The survey will be mailed to CHC Executive Directors, who are expected to delegate portions of the questionnaire to staff for completion. Burden estimates are as follows:

Type of respondent	Number of respondents	Responses per respondent	Average burden per response (hours)	Total burden hours
Community Health Centers	50	1	7	350